PLACE OF BIRTH	ARIZONA STATE	BOARD OF HEALTH
County of Jan	BUREAU OF VITAL STATISTICS	State Index No. 1
District of	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. 2277
Town of		<i>T</i>
City of Globe		Local Registrar's No
	(No	StWard)
FULL NAME OF CHILD	rie Perion	(Born) YES
If child is not named, make Supplemental	ental Report on blank obtainable from local registra	ar. Alive
Sex of Child Twin, Triplet or other	and Number Legiti- Date of birth Birth	fund 10 1922
Yame / PATHER	Full MO	(Month) (Day) (Yr.)
Residence Of Perica	Maiden Name Residence	is Obrsto.
Jolor Age at last	ona globe	aria
Birthflay.	(Years) Color or Race W.	Age at last Birthody 3
Birthplace Quatras	Birthplace	(Years)
Occupation Mines	Occupation	ia
lumber of Child Number of control of this mother of control of	children of Were precautions	sewife
this moth	Ophthalmia r	neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
hereby certify that I attended the birth of the above child, and that it occurred on 10192 2, at 2M.		
When there is no attending physician or midwife, then the householder should make this return.	(Signature)	Kirne M. D., midwife, householder.)
Given or Christian name added from a Address Address		
pplemental report 192 Filed O 7/3 1922		
921-610-669 F	iled 7 ~ 5 A True Copy S	LOCAL REGISTRAR.